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| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| Northern District of: Illinois (State) | |
| Case number (if known) | Chapter you are filing under: |
| | Chapter 7 |
| | Chapter 11 |
| | Chapter 12 |
| | Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | Lisa | |
| | Write the name that is on | First name A | First name |
| | your government-issued picture identification (for example, your driver's | Middle name | Middle name |
| | license or passport | McClinton Last name | Last name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last 8 years | First name | First name |
| | Include your married or | Middle name | Middle name |
| | maiden names. | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social | XXX - XX- 6445 | xxx - xx- |
| | Security number or federal Individual | OR | OR |
| | Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

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| Debtor 1 Lisa First Name | A McClinton Middle Name Last Name | Case number (if known) |
|--|---|--|
| T HOC TOURS | | |
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. Any business names and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| Identification Numbers (EIN) you have used in the last | Business name | Business name |
| 8 years | Business name | Business name |
| Include trade names and doing business as names | EIN | EIN |
| | EIN | EIN |
| 5. Where you live | | If Debtor 2 lives at a different address: |
| | 1152 N. Cleveland Ave Apt 107 Number Street | Number Street |
| | Chicago Illinois 60603 | Out Out |
| | City State Zip Code Cook | City State Zip Code |
| | County | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | Number Street |
| | | |
| | City State Zip Code | City State Zip Code |
| 6. Why you are choosing this district | Check one: | Check one: |
| to file for bankruptcy | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | - | |
| | | |
| | | |
| | | |
| | | |

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| Del | otor 1 Lisa | A | McClinton | | Case number (if kno | own) |
|-----|---|---|---|--|---|---|
| | First Name | Middle Name | | | | |
| Par | t 2: Tell the Court Abo | ut Your Bankrup | tcy Case | | | |
| | The chapter of the Bankruptcy Code you are choosing to file under | | brief description of each, see B2010)). Also, go to the top o | | | C. § 342(b) for Individuals Filing for opriate box. |
| | How you will pay the fee | more details a cashier's chec may pay with I need to pay Individuals to I request that judge may, but the official poyou choose the | about how you may pay. Tyck, or money order If your a credit card or check with the fee in installments. If Pay Your Filing Fee in Install timy fee be waived (You must is not required to, waive yourty line that applies to you | pically, if you attorney is a pre-printer you choose tallments (Conay request your fee, and our family significant to the Application of the Appli | ou are paying the submitting your ed address. this option, sig official Form 103 this option only d may do so onl ze and you are u | the clerk's office in your local court for e fee yourself, you may pay with cash, it payment on your behalf, your attorney an and attach the <i>Application for</i> A). If you are filing for Chapter 7. By law, a y if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| | Have you filed for bankruptcy within the last 8 years? | ✓ No. Yes. District District District | | When When When | MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number |
| | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District | | When When | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known |
| | Do you rent your residence? | ✓ No. | landlord obtained an eviction Go to line 12. | | | you want to stay in your residence? St You (Form 101A) and file it with |

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McClinton Debtor 1 Lisa Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Lisa A McClinton Case number (if known)
First Name Middle Name Last Name

| Pa | Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling | | | | | | | | |
|-----------------------------------|---|---|---|----------------|--|--|---|--|--|
| | | About Debtor 1: | | Abou | t Debtor 2 (Sp | oouse Only in a Joint Case): | | | |
| 15. | Tell the court | You must check one: | | You m | nust check one: | | | | |
| | whether you have received briefing about credit counseling. | counseling agen | ing from an approved credit ncy within the 180 days before I ptcy petition, and I received a npletion. | Co file | unseling ager | ing from an approved credit ncy within the 180 days before I ptcy petition, and I received a npletion. | | | |
| | The law requires that you receive a briefing | | the certificate and the payment plan, veloped with the agency. | | | he certificate and the payment plan, veloped with the agency. | | | |
| ak cc fil Yo ch fo | about credit counseling before you file for bankruptcy. You must truthfully | counseling agen | ring from an approved credit ncy within the 180 days before I optcy petition, but I do not have a mpletion. | Co file | unseling ager | fing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have a mpletion. | | | |
| | check one of the following choices. If you cannot do so, you are not eligible to file. | | er you file this bankruptcy petition, opy of the certificate and payment | yo | | er you file this bankruptcy petition, opy of the certificate and payment | | | |
| | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques | ked for credit counseling services ed agency, but was unable to vices during the 7 days after I st, and exigent circumstances emporary waiver of the | fro ok m | om an approve otain those ser ade my reques | ked for credit counseling services ed agency, but was unable to vices during the 7 days after I et, and exigent circumstances emporary waiver of the | ; | | |
| C | creditors can begin collection activities again. | requirement, attac efforts you made t unable to obtain it | -day temporary waiver of the ttach a separate sheet explaining what the to obtain the briefing, why you were not before you filed for bankruptcy, and roumstances required you to file this | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining efforts you made to obtain the briefing, why you unable to obtain it before you filed for bankrupt what exigent circumstances required you to file case. | | | | |
| | | with your reasons | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. | | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. | | | | |
| | | receive a briefing must file a certifica with a copy of the | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. | re mı wi | If the court is satisfied with your reasons, you receive a briefing within 30 days after you file must file a certificate from the approved age with a copy of the payment plan you develop If you do not do so, your case may be dismission. | | | | |
| | | | he 30-day deadline is granted only mited to a maximum of 15 days. | | | he 30-day deadline is granted only mited to a maximum of 15 days. | | | |
| | | I am not required counseling beca | d to receive a briefing about credit ause of: | | m not require ounseling beca | d to receive a briefing about credi ause of: | t | | |
| | | ☐ Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | | |
| | | Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | | |
| | | Active duty. | I am currently on active military duty in a military combat zone. | | Active duty. | I am currently on active military duty in a military combat zone. | | | |
| | | about credit coun | are not required to receive a briefing seling, you must file a motion for ounseling with the court. | ab | out credit cour | are not required to receive a briefin iseling, you must file a motion for ounseling with the court. | g | | |
| | | | | | | | | | |

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| Debtor 1 Lisa First Name | | McClinton (| Case number (if known) | |
|---|---|--|---|--|
| | estions for Reporting Purposes | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily | consumer debts? Cons primarily for a personal, business debts? Busine nvestment or through the | family, or household purposesses seems are debts that you be operation of the business of | incurred to obtain or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that for No. | 7. Do you estimate that after | er any exempt property is excl stribute to unsecured creditors? | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 50,00 | 01-50,000 01-100,000 ethan 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$ \$10,000,001-\$ \$50,000,001-\$ \$100,000,001 | \$50 million | 0,000,001-\$1 billion 00,000,001-\$10 billion 000,000,001-\$50 billion ethan \$50 billion |
| 20. How much do you estimate your liabilities to be? | | \$1,000,001-\$ \$10,000,001-\$ \$50,000,001-\$ \$100,000,001 | \$50 million | 0,000,001-\$1 billion 00,000,001-\$10 billion 000,000,001-\$50 billion a than \$50 billion |
| Part 7: Sign Below | | | | |
| For you | I have examined this petition, ar correct. If I have chosen to file under Chof title 11, United States Code. under Chapter 7. If no attorney represents me and out this document, I have obtain I request relief in accordance will understand making a false state connection with a bankruptcy oboth. 18 U.S.C. §§ 152, 1341, 154 [Instance of the connection with a bankruptcy of the connection | tapter 7, I am aware that I understand the relief award I did not pay or agree to ned and read the notice reth the chapter of title 11 tement, concealing properties of the concealing propert | I may proceed, if eligible, under each chapter, vailable under each chapter, or pay someone who is not as required by 11 U.S.C. § 3420, United States Code, specificantly, or obtaining money or poto \$250,000, or imprisonm | der Chapter 7, 11,12, or 13 and I choose to proceed n attorney to help me fill (b). ied in this petition. property by fraud in |
| | Signature of Debtor 1 Executed on3/16/2017 | | Signature of Debtor 2 Executed on | |
| | MM / DD | / YYYY | MM | / DD / YYYY |

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| Debtor 1 Lisa | Α | McClinton | Case number (if | known) |
|--|---------------------------|-----------------------|-----------------------------|---|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 1 | 2, or 13 of title 11, Unite | nave informed the debtor(s) about d States Code, and have explained the also certify that I have delivered to the |
| If you are not | debtor(s) the notice requ | uired by 11 U.S.C. § | 342(b) and, in a case in | which § 707(b)(4)(D) applies, certify that I |
| represented by an | have no knowledge afte | r an inquiry that the | information in the sched | lules filed with the petition is incorrect. |
| attorney, you do not | 4.5 | | | |
| need to file this page. | /s/ Mike Miller | | Date _ | 3/16/2017 |
| | Signature of Attorney | for Debtor | | IM / DD / YYYY |
| | | | | |
| | | | | |
| | Mike Miller | | | |
| | Printed name | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 20 S. Clark Street | | | |
| | Street | | | |
| | 28th Floor | | | |
| | | | | |
| | Chicago | | Illinois | 60603 |
| | City | | State | Zip Code |
| | | | | |
| | Contact phone | 3122568728 | Email address | mmiller@semradlaw.com |
| | | | | · |
| | | | Illinois | 3 |
| | Bar number | | State | |

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| Fill in this information to identify your case: | | | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1 | Lisa | Α | McClinton | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | | | | |
| | | | (State) | | | | | |
| Case number (If known) | | | | | | | | |

| Check if this is an |
|---------------------|
| amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|---|
| I. Schedule A/B: Property (Official Form 106A/B) | \$0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | · |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$4,821.00 |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | \$4,821.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$982.00 |
| S. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$5,546.00 |
| Your total liabilities | \$6,528.00 |
| Part 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$1,319.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) | \$1,315.00 |

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McClinton Debtor 1 Lisa __ Case number (if known) First Name Middle Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$1,294.53 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

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| | | | | | | 90 10 01 00 | | |
|--|-------------------------------------|---|---|--|---|--|--|--|
| Fill in this | information | to identify your c | ase: | | | | | |
| Debtor 1 | Lisa First N | lom o | A Middle N | am a | McClinton Last Name | | | |
| Debtor 2 | FIISLI | varne | wildale in | ame | Last Name | | | |
| (Spouse, if fi | ling) First N | Name | Middle N | ame | Last Name | | | |
| United Sta | ates Bankrup | tcy Court for the: | Northern | | District of Illinois (State) | | | |
| Case num (If known) | nber | | | | | | | |
| Officia | al Form | 106A/B | | | | | | Check if this is an amended filing |
| Sche | dule A | B: Prope | rty | | | | | 12/1 |
| category v responsible write your Part 1: | where you the for supply name and o | nink it fits best. E ing correct infor case number (if k Each Residenc | se as complete ar mation. If more sp nown). Answer ev e, Building, Lan | nd accu pace is very que nd, or (| ırate as possible. If tv needed, attach a sep | vo married people a parate sheet to this You Own or Have | | are equally |
| 7. 20 you | No. Go to F | | ultable iliterest i | ii aliy i | esidence, building, la | na, or similar prope | ity: | |
| H | Yes. Where | is the property? | | | | | | |
| 1.1 | Street addre | ss, if available, or | other description | Sir | is the property? Chec ngle-family home uplex or multi-unit build | | the amount of any secu Creditors Who Have Cla | claims or exemptions. Put tred claims on Schedule D: ims Secured by Property. |
| | | | | | ondominium or coopera anufactured or mobile h | | Current value of the entire property? | Current value of the portion you own? |
| | Number | Street | | La | nd | | Describe the meture | f.va.vu avvua vahin |
| | City | State | Zip Code | HŢir | vestment property neshare her | | Describe the nature of interest (such as fee state the entireties, or a life | simple, tenancy by |
| | City | State | Zip Code | Who hone. Deadle Deadl | ebtor 1 only botor 2 only botor 2 only | nly | Check if this is co (see instructions) | ommunity property |
| | | | | U Other | least one of the debtor information you wish rty identification num | to add about this it | em, such as local | |
| 1.2 | | more than one, li | | Sir | is the property? Checongle-family home | | the amount of any secu | claims or exemptions. Put tred claims on Schedule D: aims Secured by Property. |
| | | | | Co | plex or multi-unit build andominium or coopera anufactured or mobile h | ative | Current value of the entire property? | Current value of the portion you own? |
| | Number | Street | | Inv | nd vestment property neshare | | Describe the nature of interest (such as fee stee the entireties, or a life | simple, tenancy by |
| | City | State | Zip Code | Who hone. De De De At Other | her has an interest in the bottor 1 only bottor 2 only bottor 1 and Debtor 2 or least one of the debtor information you wish try identification num | nly is and another ito add about this it | (see instructions) | ommunity property |

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| Debtor 1 | | Α | McClinton | _ Case number | (if known) | |
|-------------|--|---------------------|--|-----------------|--|---|
| | First Name | Middle Name | Last Name | | | |
| 1.3 Stre | et address, if available, or ot | her description | What is the property? Check all that ap Single-family home Duplex or multi-unit building Condominium or cooperative | oply. | the amount of any secu | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property. Current value of the |
| Nur | nber Street | | Manufactured or mobile home Land Investment property | | entire property? Describe the nature or | portion you own? |
| City | State | Zip Code | Timeshare Other | - | the entireties, or a life Check if this is co | estate), if known. |
| | | | Who has an interest in the property? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot | her | (see instructions) | g property |
| | | | Other information you wish to add all property identification number: | out this item, | such as local | |
| you ha | the dollar value of the pove attached for Part 1. W | rite that number | all of your entries from Part 1, includ here. ▶ | ling any entrie | s for pages | |
| you own t | hat someone else drives. If the same of th | you lease a vehicle | st in any vehicles, whether they are re, also report it on Schedule G: Executory prcycles | - | - | |
| 3.1 | Make Model: Year: | | Who has an interest in the prope one. Debtor 1 only | erty? Check | the amount of any secu | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and | another | Current value of the entire property? | Current value of the portion you own? |
| | | | Check if this is community p | roperty (see | | |
| 3.2 | Make Model: Year: | | Who has an interest in the prope one. Debtor 1 only | erty? Check | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community p instructions) | | Current value of the entire property? | Current value of the portion you own? |

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| JIOI I | Lisa First Name | A Middle Name | McClinton Last Name | Case number | er (if known) | |
|--------|---|------------------|---|---|---|---|
| 3.3 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions) | ly s and another | the amount of any secu | claims or exemptions. Pured claims on Schedule ired claims on Schedule ims Secured by Property Current value of the portion you own? |
| 3.4 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in the pone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on | | the amount of any secu | claims or exemptions. Pured claims on Schedule sims Secured by Property Current value of the portion you own? |
| Exar | | | At least one of the debtors Check if this is commun instructions) recreational vehicles, other fishing vessels, snowmobiles, n | ity property (see | | |
| 4.1 | No Yes Make | | Who has an interest in the p | | | |
| | Model: Year: | | one. Debtor 1 only | property? Check | the amount of any secu | claims or exemptions. P red claims on <i>Schedule</i> ims Secured by Property |
| | Model: | | | ly s and another | the amount of any secu | red claims on <i>Schedule</i> |
| 4.2 | Model: Year: Approximate mileage: | | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is commun | ly s and another ity property (see property? Check | the amount of any secu Creditors Who Have Cla Current value of the entire property? Do not deduct secured the amount of any secu | red claims on Schedule hims Secured by Property Current value of the portion you own? claims or exemptions. P |

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McClinton Debtor 1 Lisa Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music No Yes. Describe... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothes** \$600.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Used Jewelry \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1200.00 for Part 3. Write that number here

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McClinton Debtor 1 Lisa Case number (if known) First Name Middle Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: Chase Liquid Bank Acct \$1.00 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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| Debt | tor 1 Lisa First Name | A Middle Name | McClinton Last Name | Case number (if known) | |
|------|---|---|---------------------------------|---------------------------------------|---|
| 20. | Negotiable instruments i Non-negotiable instrume | orate bonds and other negotiab nclude personal checks, cashiers' ents are those you cannot transfer | checks, promissory notes, | and money orders. | |
| | Yes. Give specific information about them | Issuer name: | | | |
| 21. | | | thrift savings accounts, or | other pension or profit-sharing plans | |
| | Yes. List each account | Type of account: 401(k) or similar plan: | Institution name: | | |
| | separately. | Pension plan: | | | |
| | | IRA: | | | |
| | | Retirement account: | | | |
| | | Keogh: | | | |
| | | Additional account: | | | |
| | | Additional account: | | | |
| 22. | | prepayments I deposits you have made so that with landlords, prepaid rent, public | | | |
| | ✓ No | | Institution name: | | |
| | Yes | Electric: | | | |
| | | Gas: | | | |
| | | Heating oil: | | | |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | | | · |
| | | Telephone: | | | |
| | | Water: | | | |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | Annuities (A contract fo ✓ No | r a periodic payment of money to | you, either for life or for a r | number of years) | |
| | Yes | Issuer name and description: | | | |
| | | | | | |
| | | | | | |

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| Deb | tor 1 Lisa First Name | A Middle | McClinton Name Last Name | Case number (if known) | |
|-----|----------------------------------|--|--|--|--|
| 24. | | n education IRA, in an acc 330(b)(1), 529A(b), and 529 | | n, or under a qualified state tuition program | n. |
| | No Yes | Institution name and descri | otion. Separately file the records of a | any interests.11 U.S.C. § 521(c): | |
| | | | | | |
| 25. | Trusts, equita | ble or future interests in | property (other than anything liste | ed in line 1), and rights or powers | |
| | exercisable fo | or your benefit | . , , | ,, , | |
| | ✓ No Yes. Descr | ribe | | | |
| 26. | | = ' | secrets, and other intellectual press, proceeds from royalties and licen | | |
| | ✓ No | | | | _ |
| | Yes. Descr | ribe | | | |
| 27. | | nchises, and other genera ding permits, exclusive licen | = | gs, liquor licenses, professional licenses | |
| | ✓ No | 20. | | | |
| | Yes. Descr | 1De | | | |
| Мо | ney or proper | ty owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds ow | ved to you | | | |
| | | pecific information t them, including whether | 2016 Tax Refund-Earned Income C | Credit Federal: | \$3620.00 |
| | you a | lready filed the returns | | State: | \$0.00 |
| | | | | Local: | \$0.00 |
| 29. | Family support Examples: Past | | spousal support, child support, mair | ntenance, divorce settlement, property settlem | ent |
| | ✓ No | | | Alimony: | \$0.00 |
| | Yes. Give s | pecific information | | Maintenance: | \$0.00 |
| | | | | Support: | \$0.00 |
| | | | | Divorce settlement: | \$0.00 |
| 00 | 011 | | | Property settlement: | \$0.00 |
| 30. | Examples: Unpa | | ce payments, disability benefits, sick oans you made to someone else | pay, vacation pay, workers' compensation, | |
| | No Yes. Descri | he | | | |
| | L Tes. Descri | | | | |

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| Deb | tor 1 Lisa A | McClinton | Case number (if known) | |
|------|---|--|---|---|
| | First Name Middle Na | me Last Name | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance; | health savings account (HSA); credit, ho | meowner's, or renter's insurance | |
| | No ✓ Yes. Name the insurance company | Company name: | Beneficiary: | Surrender or refund value: |
| | of each policy and list its value | New York Life insurance | | \$0.00 |
| | | | | |
| 32. | Any interest in property that is due you fro | om someone who has died | | |
| | If you are the beneficiary of a living trust, experimental property because someone has died. | ect proceeds from a life insurance policy, | or are currently entitled to receive | |
| | ✓ No ✓ Yes. Describe | | | |
| | Too. Booking | | | |
| 33. | Claims against third parties, whether or n Examples: Accidents, employment disputes, i | - | demand for payment | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| 34. | Other contingent and unliquidated claims to set off claims | of every nature, including countercl | aims of the debtor and rights | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| 35. | Any financial assets you did not already lis | st | | |
| | ✓ No ✓ Yes. Describe | | | |
| | | | | |
| 36. | Add the dollar value of all of your entries for Part 4. Write that number here | | . • . | \$3621.00 |
| | | | | |
| Part | 5: Describe Any Business-Related F | Property You Own or Have an Int | terest In. List any real estate in Part | 1. |
| 37. | - | | perty? | |
| | No. Go to Part 6. Yes. Go to line 38. | | ро | urrent value of the ortion you own? |
| | | | | o not deduct secured claims exemptions |
| 38. | Accounts receivable or commissions you | already earned | | |
| | Yes. Describe | | | |
| 39 | Office equipment, furnishings, and supplie | es. | | |
| | Examples: Business-related computers, softw | | hines, rugs, telephones, desks, chairs, electro | onic devices |
| | ✓ No ✓ Yes. Describe | | | |
| | <u> </u> | | | |

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| Deb | tor 1 Lisa | A | McClinton | Case number (if known) | |
|----------|--------------------------------------|--|--------------------------------------|--------------------------------|--|
| 40 | First Name | Middle Name | Last Name | Ave de | |
| 40. | Machinery, fixtures, e | equipment, supplies you u | se in business, and tools of your | trade | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 11 | Inventory | | | | |
| 41. | Inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 42 | Interests in partnersh | ins or joint ventures | | | |
| | | | | | |
| | | 1 | Name of entity: | % of ownership: | |
| | Yes. Give specific information about | | | | |
| | them | - | | <u> </u> | |
| | | - | | | |
| | | | | | |
| 43. (| Customer lists, mailing | lists, or other compilation | ons | | |
| | — | | | | |
| | No No No vous listo i | n alveda naraanally idantifiahl | a information (so defined in 11 II C | C 5 101/41A)\2 | |
| | Tes. Do your lists i | riciude personally identiliabl | e information (as defined in 11 U.S | .C. 9 101(41A))? | |
| | No | | | | |
| | Yes. Desc | ribe | | | |
| | _ | | | | |
| 44. | Any business-related | property you did not alre | ady list | | |
| | ✓ No | | | | |
| | Yes. Give specific | - | | | |
| | information | - | | | _ |
| | | | | | |
| | | - - | | | |
| | | - | | | <u> </u> |
| | | - | | | _ |
| | | | | | |
| | | - | | | |
| 45. A | dd the dollar value of a | all of your entries from Pa | rt 5, including any entries for pa | iges you have attached | |
| | | | | | |
| <u> </u> | D | 10 | F.1 | | |
| Part | If you own or have an | arm- and Commercial interest in farmland, list it in | Part 1. | ou Own or Have an Interest In. | |
| 46. | Do you own or have a | ny legal or equitable inte | rest in any farm- or commercial | fishing-related property? | |
| | No. Go to Part 7. | | | | Current value of the |
| | Yes. Go to line 47. | | | | portion you own? Do not deduct secured claims |
| | | | | | or exemptions |
| 47. | Farm animals | | | | |
| | Examples: Livestock, p | oultry, farm-raised fish | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |

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| Debt | or 1 | Lisa First Name | A Middle Name | McClinton Last Name | Case number (if known) | |
|--------------|----------|--------------------------------|--|------------------------|------------------------------|-------------|
| 48. | Cro | ps-either growing | or harvested | | | |
| | ✓ | No Voc. Describe | | | | |
| | Ш | Yes. Describe | | | | |
| 49. | Far | m and fishing equi | pment, implements, machinery, fix | tures, and tools of tr | ade | |
| | ✓ | No | | | | |
| | | Yes. Describe | | | | |
| 50 | | | Procedure and found | | | |
| 50. | Far | m and fishing supp | lies, chemicals, and feed | | | |
| | H | Yes. Describe | | | | |
| | _ | | | | | |
| 51. | Any | farm- and comme | rcial fishing-related property you o | lid not already list | | |
| | | No Vac Danadha | | | | |
| | Ш | Yes. Describe | | | | |
| | | | | | | |
| | | | II of your entries from Part 6, incluer here | • • | | |
| | | | | | | |
| | | | | | | |
| Part 7 | | | perty You Own or Have an Int | | Did Not List Above | |
| 53. | | | perty of any kind you did not alread s, country club membership | ay list? | | |
| | ✓ | No | | | | |
| | | Yes. Give specific information | | | | |
| | | | | | | |
| | | | | | | |
| 54. Ac | dd ti | ne dollar value of a | II of your entries from Part 7. Write | that number here | | |
| | | | | | | |
| | | | | | | |
| Part 8 | 2. | List the Totals o | f Each Part of this Form | | | |
| | | | | | | |
| 55. P | art | 1: Total real estate | e, line 2 | | | |
| 1 | | 2 total vehicles, lin | | | | |
| | | - | nd household items, line 15 | \$1200.00 | | |
| | | l: Total financial as | elated property, line 45 | \$3621.00 | | |
| | | | fishing-related property, line 52 | | | |
| | | | erty not listed, line 54 | | | |
| | | | Add lines 56 through 61 | \$4821.00 | | + \$4821.00 |
| | | | | Ψ 102 1.00 | Copy personal property total | . ψτος 1.00 |
| 60 T | ot o ! | of all proporty are | Schodulo A/P Add line 55 - line 00 | | | \$4821.00 |
| 03.10 | otal | or all property on s | Schedule A/B. Add line 55 + line 62 | | | |

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| Fill in this information to identify your case: | | | | | | |
|---|---------------------------|-------------|------------------------------|---|--|--|
| Debtor 1 | Lisa | Α | McClinton | | | |
| | First Name | Middle Name | Last Name | _ | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | _ | | |
| Case number (If known) | | | (Otato) | | | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pai | t 1: Identify the Property You Clair | n as Exempt | | | | | |
|-----|--|---|---|------------------------------------|--|--|--|
| 1. | 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | |
| | You are claiming state and federal | nonbankruptcy exemp | otions. 11 U.S.C. § 522(b)(3) | | | | |
| | You are claiming federal exemption | ns. 11 U.S.C. § 522(b)(| 2) | | | | |
| 2. | For any property you list on Schedule A | /B that you claim as e | xempt, fill in the information below. | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | | |
| | Brief | 4 | | 735 ILCS 5/12-1001(b) | | | |
| | description: Used Furniture | \$500.00 | ₹ | | | | |
| | Line from | | 100% of fair market value, up to any | _ | | | |
| | Schedule A/B: 06 | | applicable statutory limit | | | | |
| | Brief | #1.00 | | 735 ILCS 5/12-1001(b) | | | |
| | description: Checking account, | \$1.00 | \$1.00 | | | | |
| | Chase Liquid Bank Acct | | 100% of fair market value, up to any | _ | | | |
| | Line from Schedule A/B:17 | | applicable statutory limit | | | | |
| 3. | ✓ No | ery 3 years after that for | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? | | | | |

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McClinton Debtor 1 Lisa Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B 735 ILCS 5/12-1001(a) Brief \$600.00 description: **✓** \$600.00 **Used Clothes** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$100.00 description: **✓** \$100.00 **Used Jewelry** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(g)(1) \$3,373.00 description: **✓** \$3,373.00 Federal, 2016 Tax 100% of fair market value, up to any **Refund-Earned Income** Credit applicable statutory limit Line from Schedule A/B: 28 735 ILCS 5/12-1001(f) Brief \$0.00 description: **✓** \$0 New York Life insurance 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$247.00 description: **✓** \$247.00 Federal, 2016 Tax 100% of fair market value, up to any Refund

applicable statutory limit

Line from Schedule A/B:

28

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| | | | Do | ocument Page 22 of | 69 | | |
|-------------------|--------------|--|----------------------------|---|-------------------------|--------------------------|---------------------------------------|
| Fill in t | his inforr | nation to identify your ca | se: | | | | |
| Debtor | 1 | Lisa First Name | A Middle Name | McClinton Last Name | | | |
| Debtor (Spouse | | | | | | | |
| Орочос | , 11 111119) | First Name | Middle Name | Last Name | | | |
| United | States B | ankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| | umber | | | (Grate) | | | |
| (If knowr | 1) | | | | | _ | la |
| Offi | cial I | Form 106D | | | | L | Check if this is an amended filing |
| Sch | edu | le D: Credito | ors Who Ha | ve Claims Secur | ed by Pron | ertv | 12/15 |
| | | | | | | | |
| | - | - | | le are filing together, both are eq mber the entries, and attach it to | • | | |
| name a | nd case | number (if known). | | | · | | |
| 1. D | o any c | reditors have claims se | ecured by your prope | rty? | | | |
| | No. C | heck this box and subm | nit this form to the court | with your other schedules. You ha | ive nothing else to rep | ort on this form. | |
| Ī. | Yes. I | Fill in all of the information | n below. | | | | |
| Part 1 | List A | All Secured Claims | | | | | |
| | | | or has more than one se | cured claim, list the creditor | Column A | Column B | Column C |
| | | | | rticular claim, list the other creditors | Amount of claim | Value of | Unsecured |
| | | As much as possible, list | the claims in alphabetica | order according to the creditor's | Do not deduct the | collateral | portion |
| | name. | | | | value of collateral. | that supports this claim | If any |
| 2.1 | AMER FS | ST FIN | Deceribe the manual | what accurace the alaims | \$982.00 | \$500.00 | \$482.00 |
| | Creditor's | | Lease Furniture | y that secures the claim: | | | |
| | Numbe | Ridge Rd, Suite 200 er Street | | e, the claim is: Check all that apply. | | | |
| | | | Contingent | , | | | |
| | Wichita | KS 67205 | Unliquidated | | | | |
| | City | State ZIP Code | Disputed | | | | |
| | | es the debt? Check one. or 1 only | Nature of lien. Check | all that apply | | | |
| | | or 2 only | | made (such as mortgage or secured | 1 | | |
| | | or 1 and Debtor 2 only | car loan) | made (such as mongage of secured | | | |
| | | ast one of the debtors | Statutory lien (suc | n as tax lien, mechanic's lien) | | | |
| | | another | Judgment lien from | m a lawsuit | | | |
| | 🖰 to a | ck if this claim relates community debt | Other (including a | right to offset) | | | |
| | Date del | ot was | Last 4 digits of accor | ınt number0001 | | | |

Add the dollar value of your entries in Column A on this page. Write that number

incurred

here:

\$982.00

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| Fill in this infor | mation to identify your c | ase: | | | |
|--|--|---|--|---|--|
| Debtor 1 | Lisa | A | McClinton | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| (opodoc, ir iiirig) | FIIST Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | |
| Case number | | | (State) | | |
| (If known) | | | | | |
| Official F | orm 106E/F | | | | Check if this is an amended filing |
| | | | | | _ |
| Sched | ule E/F: Cre | editors Who | Have Unseco | ured Claims | 12/15 |
| other party to Form 106A/B) claims that are the entries in t known). | any executory contracts and on Schedule G: Exe e listed in Schedule D: C he boxes on the left. At | s or unexpired leases that cutory Contracts and Une Creditors Who Hold Claims | t could result in a claim. Als expired Leases (Official For s Secured by Property. If mo | so list executory contracts of m 106G). Do not include an ore space is needed, copy t | NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured he Part you need, fill it out, number rite your name and case number (if |
| | reditors have priority ur Go to Part 2. | secured claims against y | ou? | | |
| listed, ide As much | ntify what type of claim it as possible, list the claims | is. If a claim has both priorits in alphabetical order accord | ty and nonpriority amounts, li | st that claim here and show b you have more than two prio | rately for each claim. For each claim oth priority and nonpriority amounts. rity unsecured claims, fill out the |

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

Priority

amount

Nonpriority

amount

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| Debto | r 1 Lisa | Α | McClinton | Case number (if known) | |
|---------|--|--|--|---|--------------------------|
| | First Name | Middle Name | Last Name | | |
| Part 2 | | | | | |
| | _ | port in this part. Submit | this form to the court with | n your other schedules. editor who holds each claim. If a creditor ha | s more than one priority |
| u If | nsecured claim, list the creditor s | separately for each claim. F | or each claim listed, identi | fy what type of claim it is. Do not list claims alru have more than four priority unsecured claims | eady included in Part 1. |
| | | | | | Total claim |
| 4.1 | AMER COLL CO Nonpriority Creditor's Name 919 W ESTES | | _ | its of account number 6376 the debt incurred? 12/2012 | \$50.00 |
| | SCHAUMBURG Illin City Sta Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim relate Is the claim subject to offset | te Zip Cook one. y and another es to a community debt | Conting Unlique Disput Type of NC Studer Obligate divorce Debts debts | idated | |
| | Yes | | | | |
| 4.2 | AMER FST FIN Nonpriority Creditor's Name 3515 N. Ridge Rd, Suite 200 Number Street Wichita Kar City Sta Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim relate Is the claim subject to offset No Yes | y and another es to a community debt | When was As of the company of the c | idated DNPRIORITY unsecured claim: Int loans Itions arising out of a separation agreement or e that you did not report as priority claims to pension or profit-sharing plans, and other s Specify | imilar |
| 4.3 | Comcast Nonpriority Creditor's Name 11621 E. Marginal Way # 5 Number Street Bankruptcy Dept Seattle Wa City Sta Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim relate Is the claim subject to offset No Yes | y and another es to a community debt | When was As of the company of the c | idated | |

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Debtor 1 Lisa First Name Case number (if known) McClinton Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth

| | After fishing any entires on this page, number them beginning with | 14.5, lollowed by 4.0, and so lortil. | Total Claim |
|-----|--|---|-------------|
| 4.4 | ComEd Nonpriority Creditor's Name | Last 4 digits of account number | \$700.00 |
| | 3 Lincoln Center | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | Bankruptcy Section | Contingent | |
| | Oakbrook Terrace Illinois 60181 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Other. Specify light bill | |
| | Is the claim subject to offset? | | |
| | <u>✓</u> No | | |
| | Yes | | |
| 4.5 | DRLEONARDS Nonpriority Creditor's Name | Last 4 digits of account number4687 | \$128.00 |
| | PO BOX 2845 | When was the debt incurred? 5/2016 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | MONROE Wisconsin 53566 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | Other. Specify CreditCard | |
| | ✓ No | | |
| | Yes | | |
| 4.6 | ENHANCED RECOVERY CO L Nonpriority Creditor's Name | Last 4 digits of account number 8173 | \$86.00 |
| | 8014 BAYBERRY RD | When was the debt incurred? 5/2014 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | JACKSONVILLE Florida 32256 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | Other. Specify Other. Specify Other. Specify Other. Specify | |
| | ✓ No | | |

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Debtor 1 Lisa A McClinton Case number (if known)
First Name Middle Name Last Name

| | Your NONPRIORITY Unsecured Claims - Continual After listing any entries on this page, number them beginning | • | Total claim |
|-----|---|---|-------------|
| 4 7 | EOS CCA | • • | |
| 4.7 | Nonpriority Creditor's Name | Last 4 digits of account number 3887 | \$472.00 |
| | 700 Longwater Drive Number Street | When was the debt incurred? 8/2012 | |
| | P O Box 5369 | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Norwell Massachusetts 02061 City State Zip Code | — Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for | |
| | ✓ No | ORIGINAL CREDITOR: AT T Other. Specify MOBILITY | |
| | Yes | | |
| 4.8 | FIFTH THIRD BANK | | \$1.000.00 |
| 4.0 | Nonpriority Creditor's Name | Last 4 digits of account number | φ1,000.00 |
| | 38 FOUNTAIN SQUARE PLZ Number Street | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | CINCINNATI Ohio 45263 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 only | Student loans | |
| | Debtor 2 only | Obligations arising out of a separation agreement or | |
| | Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | Other. Specify NSF | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| 4.9 | H&R Block Bank | Look & digital of a count number | \$900.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number | • |
| | 100 W Randolph St Number Street | When was the debt incurred?n/a | |
| | Trumbol Subst | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago Illinois 60601 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | <u></u> | Student loans | |
| | Debtor 2 only | Obligations arising out of a separation agreement or | |
| | Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | Other. Specify Installment Loan | |
| | Is the claim subject to offset? | <u> </u> | |
| | ✓ No | | |
| | Yes | | |

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McClinton Debtor 1 Lisa Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Jackson Hewitt \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1238 N Ashland Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60622 Chicago Illinois Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify ____ Installment Loan Is the claim subject to offset? **✓** No ☐ Yes 4.11 MDNGHT VLVT \$148.00 9641 Last 4 digits of account number ___ Nonpriority Creditor's Name When was the debt incurred? 3/2016 P.O. Box 800849 Number As of the date you file, the claim is: Check all that apply. c/o M.E. Bennett Contingent 75380 Dallas Texas Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **✓** No Yes MERCHANTS CREDIT GUIDE 4.12 \$458.00 9767 Last 4 digits of account number Nonpriority Creditor's Name 223 W JACKSON BLVD STE 4 When was the debt incurred? 8/2016 Number As of the date you file, the claim is: Check all that apply. Contingent 60606 CHICAGO Illinois Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: GINNY S Is the claim subject to offset? **✓** No

Yes

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McClinton Debtor 1 Lisa Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 MERCHANTS CREDIT GUIDE \$241.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W JACKSON BLVD STE 4 When was the debt incurred? 8/2016 As of the date you file, the claim is: Check all that apply. Contingent **CHICAGO** Illinois 60606 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **|** ORIGINAL CREDITOR: SEVENTH **✓** No Other. Specify **AVENUE** Yes 4.14 PLS Loan Store \$500.00 Last 4 digits of account number Nonpriority Creditor's Name 177 W Lake St When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ____ payday loan Is the claim subject to offset? **✓** No Yes WEBBNK/FSTR 4.15 \$170.00 Last 4 digits of account number 3724 Nonpriority Creditor's Name 6250 RIDGEWOOD ROA When was the debt incurred? 11/2016 Number As of the date you file, the claim is: Check all that apply. Contingent SAINT CLOUD 56303 Minnesota Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify ____ 6 InstallmentLoan Is the claim subject to offset?

✓ No Yes

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Debtor 1 Lisa A McClinton Case number (if known)
First Name Middle Name Last Name

| collection agency | here. Similarly, if | you have more that | n one creditor for any | of the debts that | iginal creditor in Parts 1 or 2, then list the tyou listed in Parts 1 or 2, list the additional 2, do not fill out or submit this page. | | |
|------------------------------------|---------------------|--------------------|------------------------|--|---|--|--|
| AT&t Name | | | On which entry | in Part 1 or Part | 2 did you list the original creditor? | | |
| Name | | | On which entry | | | | |
| Po Box 5014 | | | Line 4.7 | of <i>(Check</i> one): | Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | | onej. | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Carol Stream | Illinois | 60197 | Last 4 digits of | account number | 3887 | | |
| City | State | Zip Code | | | | | |
| GINNYS Name | | | On which entry | in Part 1 or Part | 2 did you list the original creditor? | | |
| 1112 7TH AVE | | | Line 4.12 | of (Check | _ | | |
| Number Street | | | | one): | Part 1: Creditors with Priority Unsecured Claims | | |
| | | | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| MONROE | Wisconsin | 53566 | Last 4 digits of | account number | 9767 | | |
| City | State | Zip Code | | | | | |
| GINNY'S INC Name | | | On which entry | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| Name | | | on miles oner, | | | | |
| 1112 7TH AVE PO | B 2816 | | Line 4.12 | of <i>(Check</i> one): | Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | | onej. | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| MONROE | Wisconsin | 53566 | Last 4 digits of | account number | 9767 | | |
| City | State | Zip Code | | | | | |
| SEVENTH AVE Name | | | On which entry | in Part 1 or Part | 2 did you list the original creditor? | | |
| | | | _ | | _ | | |
| 1112 7th Ave Number Street | | | Line 4.13 | of <i>(Check</i> one): | Part 1: Creditors with Priority Unsecured Claims | | |
| - Circui | | | <u>—</u> | , | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Monroe City | Wisconsin State | 53566 Zip Code | Last 4 digits of | account number | 7694 | | |
| AT&T | | | | | | | |
| Name | | | On which entry | in Part 1 or Part | 2 did you list the original creditor? | | |
| PO Box 537104 | | | Line 4.6 | of (Check | Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | | one): | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Atlanta | Georgia | 30353 | Last 4 digits of | account number | 8173 | | |
| City | State | Zip Code | | | | | |
| St Joseph's hospit Name | tal | | On which entry | in Part 1 or Part | 2 did you list the original creditor? | | |
| | inwoody Pd | | Line 4.1 | of (Check | _ | | |
| 5665 Peachtree Du Number Street | inwoody nu | | | one): | Part 1: Creditors with Priority Unsecured Claims | | |
| | | | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Atlanta | Georgia | 30342 | Last 4 digits of | account number | 6376 | | |
| City | State | Zip Code | | | | | |

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Debtor 1 Lisa A McClinton Case number (if known)

| First Nar | me Middle Name Last Name | | | |
|--------------------------|---|-----|--|----|
| Part 4: Add th | ne Amounts for Each Type of Unsecured Claim | | | |
| | mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim. | | statistical reporting purposes only. 28 U.S.C. §15 | 9. |
| | | | Total Glamic | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$0.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that | 6d. | \$0.00 | |
| | amount here. 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 | |
| | oo rotan /taa iiioo da iiiioagii da. | | | |
| | | | Total claims | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$0.00 | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$5,546.00 | |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$5,546.00 | |

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| Fill in this infor | mation to identify your c | ase: | |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1 | Lisa | Α | McClinton |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois |
| | | | (State) |
| Case number (If known) | | | |

| Official Form | 1 | 06 | G |
|---------------|---|----|---|
|---------------|---|----|---|

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or comp | pany with whom you have | the contract or lease | State what the contract or lease is for |
|-----|----------------|-------------------------|-----------------------|---|
| 2.1 | Holsten Manage | ement | _ | Other, Other, |
| | Name | | | landlord |
| | 1040 W Montro | se Ave | | landiord |
| | Number | Street | | |
| | Chicago | Illinois | 60613 | |
| | City | State | Zip Code | |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------------------|---------------------------|--------------------------------|--------------------------------|--|
| Debtor 1 | Lisa | Α | McClinton | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the | e: Northern | District of Illinois | |
| Case number | . , | | (State) | |
| (If known) | | | | |
| | | | | Check if this is an amended filing |
| Official | Form 106H | | | amended ining |
| Official | 1 01111 10011 | | | |
| Schedul | e H: Your Co | debtors | | 12/15 |
| No Yes Within the | e last 8 years, have yo | | operty state or territory? (| odebtor.) Community property states and territories include Arizona, California, |
| | Go to line 3. | exico, Puerto Rico, Texas, W | rasnington, and wisconsin.) | |
| | | ner spouse, or legal equiva | alent live with you at the tim | e? |
| | No | 1 / 3 1 | , | |
| | Yes. In which commu | nity state or territory did yo | u live? | _ Fill in the name and current address of that person. |
| | Name of your spouse | , former spouse, or legal equ | ivalent | <u> </u> |
| | | | | <u> </u> |
| | Number Street | | | |
| | City | State | Zip Code | |
| 3. In Columi | າ 1. list all of vour cod | ebtors. Do not include vou | r spouse as a codebtor if | our spouse is filing with you. List the person shown in line 2 |
| again as | a codebtor only if that | person is a guarantor or o | osigner. Make sure you h | ave listed the creditor on Schedule D (Official Form 106D), lule D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| | | 50 | oamone | . ago oo | | | |
|-------------------------|---|--|-----------------------|------------------|---------------------|---|---------------------|
| Fill in th | is information to identify | your case: | | | | | |
| Debtor 1 | Lisa | Α | McClir | nton | | | |
| | First Name | Middle Name | Last N | ame | Che | eck if this is: | |
| Debtor 2 (Spouse, if | filing) First Name | Middle Name | Last N | amo | - I n | An amended filing | |
| United S | tates Bankruptcy Court for | Northern | _ District of Ill | nois | | A supplement showing po expenses as of the followi | |
| the: Case nur | mber | | (8 | State) | | • | · |
| (If known) | | | | | | MM / DD / YYYY | |
| Offici | al Form 106I | | | | | | |
| Sche | dule I: Your In | come | | | | | 12/15 |
| informat spouse. | ble for supplying correction about your spouse. If more space is needed (if known). Answer ever | f you are separated and I, attach a separate she y question. | d your spous | se is not filing | with you, do | not include informatio | n about your |
| | n your employment mation. | | Debtor 1 | | | Debtor 2 | |
| | | Employment status | ✓ Emplo | yed | | Employed | |
| | u have more than one job, h a separate page with | | | nployed | | Not Employed | |
| | mation about additional oyers. | Occupation | | | | _ | |
| | de part time, seasonal, or employed work. | Employer's name | The Salvat | ion Army | | | |
| | | Employer's address | 5040 N Pt | ulaski Rd | | | |
| | pation may include student memaker, if it applies. | | Number Sti | reet | | Number Street | |
| | | | | | | | |
| | | | Chicago | Illinois | 60630 | | |
| | | | City | State | Zip Code | City | ate Zip Code |
| | | How long employed there? | 1 year 6 m | nonths | | | |
| Part 2: | Give Details About N | Monthly Income | | | | | |
| | te monthly income as of t | the date you file this forr | n. If you have | nothing to repo | ort for any line, v | write \$0 in the space. Inclu | ude your non-filing |
| If you or | unless you are separated. r your non-filing spouse have bace, attach a separate she | | combine the | information for | all employers fo | or that person on the lines | below. If you need |
| more sp | race, attach a separate she | et to tills form. | | For I | Debtor 1 | For Debtor 2 or non-filing spouse | |
| | t monthly gross wages, sala ductions.) If not paid monthly | | | 2. | \$1,498.97 | | |
| 3. Es t | imate and list monthly ove | rtime pay. | | 3. | + \$0.00 | | _ |
| 4. Ca | Iculate gross income. Add li | ine 2 + line 3. | | 4. | \$1,498.97 | | |

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| Debtor 1Lisa First Name | | AcClinton ast Name | Case number known) | (if | |
|--|--|-----------------------|---------------------------|-----------------------------------|-------------------------|
| , not really | made name | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Copy line 4 here | | → 4. | \$1,498.97 | | |
| 5. List all payroll deductions | | | | | |
| 5a. Tax, Medicare, and So | ocial Security deductions | 5a. | \$179.96 | | |
| 5b. Mandatory contribution | ons for retirement plans | 5b. | \$0.00 | | |
| 5c. Voluntary contribution | ns for retirement plans | 5c. | \$0.00 | | |
| 5d. Required repayments | of retirement fund loans | 5d. | \$0.00 | - <u></u> - | |
| 5e. Insurance | | 5e. | \$0.00 | - <u></u> - | |
| 5f. Domestic support oblig | gations | 5f. | \$0.00 | - <u></u> - | |
| 5g. Union dues | | 5g. | \$0.00 | - <u></u> - | |
| 5h. Other deductions. Spe | ecify: | _ 5h | + \$0.00 + | | |
| 6. Add the payroll deduction +5h. | s. Add lines 5a + 5b + 5c + 5d + 5e +5f | f + 5g 6. | \$179.96 | | |
| 7. Calculate total monthly ta | ake-home pay. Subtract line 6 from line | 4. 7. | \$1,319.00 | | |
| 8. List all other income regul | larly received: | | | | |
| business, profession, o | | | | | |
| gross receipts, ordinary | ach property and business showing and necessary business expenses, and | | | | |
| the total monthly net inc | | 8a. | \$0.00 | | |
| 8b. Interest and dividends | | 8b. | \$0.00 | | |
| dependent regularly re | | a | | | |
| divorce settlement, and | | 8c. | \$0.00 | | |
| 8d. Unemployment compe | ensation | 8d. | \$0.00 | | |
| 8e. Social Security | | 8e. | \$0.00 | | |
| Include cash assistance cash assistance that you | istance that you regularly receive and the value (if known) of any non- u receive, such as food stamps (benefits Nutrition Assistance Program) or | 8f. | \$0.00 | | |
| 8g. Pension or retirement | t income | 8g. | \$0.00 | | |
| 8h. Other monthly income | e. Specify: | 8h | + \$0.00 + | | |
| 9. Add all other income Add | lines 8a + 8b + 8c + 8d + 8e + 8f +8g + | - 8h. 9. | \$0.00 | | |
| 10. Calculate monthly income Add the entries in line 10 for | e. Add line 7 + line 9. r Debtor 1 and Debtor 2 or non-filing sp | 10. oouse | \$1,319.00 + | | = \$1,319.00 |
| Include contributions from a friends or relatives. | ontributions to the expenses that you an unmarried partner, members of your as already included in lines 2-10 or amounts. | household, you | ur dependents, your roomm | | |
| Specify: | | | • | | 11. + \$0.00 |
| | ast column of line 10 to the amount in | | | | 12. \$1,319.00 |
| | - | - | | | Combined monthly income |
| 13. Do you expect an increas No. | se or decrease within the year after y | you file this for | rm? | | |
| Yes. Explain: | | | | | |

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| | | Docu | ment Page 35 of 69 | 9 | |
|---------------------------------|--|---|---|-------------------|---------------------------------|
| Fill in this infor | mation to identify you | case: | | | |
| Debtor 1 | Lisa | А | McClinton | | |
| Dobtor 0 | First Name | Middle Name | Last Name | Check if this is: | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | An amended filin | g |
| United States E | Sankruptcy Court for the | e: Northern [| District of Illinois | | nowing post-petition chapter 13 |
| Case number | | | (State) | expenses as or t | he following date: |
| (If known) | _ | | _ | MM / DD / YYYY | |
| Official | Form 106J | | | | |
| | | | | | |
| Scheau | e J: Your Ex | penses | | | 12/15 |
| information. If | more space is needed | | re filing together, both are equal form. On the top of any addition | | |
| | wer every question. cribe Your Househ | old | | | |
| 1. Is this a joi | nt case? | | | | |
| ✓ No. Go | to line 2 | | | | |
| Yes. Do | oes Debtor 2 live in a | separate household? | | | |
| | No | | | | |
| - | Yes. Debtor 2 must | file Official Forms 106J-2, Expen | nses for Separate Household of Deb | tor 2. | |
| 2. Do you hav | e dependents? | No | | | |
| Do not list D Debtor 2. | | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| | penses include | No | | | |
| than | . people out | | | | |
| yourself and dependents | - | Yes | | | |
| Part 2: Estil | mate Your Ongoing | g Monthly Expenses | | | |
| _ | of a date after the bar | | rou are using this form as a suppl plemental Schedule J, check the | • | - |
| | | -cash government assistance i I it on Sc <i>hedule I: Your Incom</i> e | | | Your expenses |
| | or home ownership or the ground or lot. 4. | expenses for your residence. In | clude first mortgage payments and | | \$240.00 |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

If not included in line 4: 4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Lisa A McClinton Case number (if known)
First Name Middle Name Last Name

| FIISUNAINE | Middle Name Last Name | | |
|--|---|-----|---------------|
| | | | Your expenses |
| 5. Additional mortgage payments f | or your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | | 6a. | \$205.00 |
| 6b. Water, sewer, garbage collection | on | 6b. | \$0.00 |
| 6c. Telephone, cell phone, Interne | t, satellite, and cable services | 6c. | \$250.00 |
| 6d. Other. Specify: | | 6d | \$0.00 |
| 7. Food and housekeeping supplies | | 7. | \$300.00 |
| 8. Childcare and children's educat | ion costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry clean | ing | 9. | \$50.00 |
| 10. Personal care products and se | rvices | 10. | \$50.00 |
| 11. Medical and dental expenses | | 11. | \$0.00 |
| 12. Transportation. Include gas, ma Do not include car payments | intenance, bus or train fare. | 12. | \$200.00 |
| 13. Entertainment, clubs, recreation | on, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions and re | eligious donations | 14. | \$0.00 |
| 15. Insurance. Do not include insurance deducted | d from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | | 15a | \$20.00 |
| 15b. Health insurance | | 15b | \$0.00 |
| 15c. Vehicle insurance | | 15c | \$0.00 |
| 15d. Other insurance. Specify: | | 15d | \$0.00 |
| 16. Taxes. Do not include taxes dedu | cted from your pay or included in lines 4 or 20. | | |
| Specify: | | 16 | \$0.00 |
| 17. Installment or lease payments: | | 10 | |
| 17a. Car payments for Vehicle 1 | | 17a | \$0.00 |
| 17b. Car payments for Vehicle 2 | | 17b | \$0.00 |
| 17c. Other. Specify: | | 17c | \$0.00 |
| 17d. Other. Specify: | | 17d | \$0.00 |
| | ntenance, and support that you did not report as deducted from Your Income (Official Form 106I). | 18. | \$0.00 |
| | upport others who do not live with you. | 10. | |
| Specify: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 19. | \$0.00 |
| 20.Other real property expenses no | ot included in lines 4 or 5 of this form or on Schedule I: Your Income. | | <u> </u> |
| 20a. Mortgages on other property | | 20a | \$0.00 |
| 20b. Real estate taxes. | | 20b | \$0.00 |
| 20c. Property, homeowner's, or re | enter's insurance | 20c | \$0.00 |
| 20d. Maintenance, repair, and upk | eep expenses. | 20d | \$0.00 |
| 20e. Homeowner's association or | condominium dues | 20e | \$0.00 |
| | | | |

Official Form 106J Schedule J: Your Expenses page 2

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| Debtor 1 Lisa | | Α | McClinton | Case number (if known) | | |
|---|--------------------------|------------------------|--|------------------------|-----|------------|
| First N | | Middle Name | Last Name | | | |
| 21. Other. Spe | cify: | | | | 21 | \$0.00 |
| | | | | | | |
| | your monthly expenses | | | | | \$1,315.00 |
| | ies 4 through 21. | | | | | \$0.00 |
| . , | ` , , | ,, | from Official Form 106J-2 | | | \$1,315.00 |
| 22c. Add lir | ie 22a and 22b. The resu | It is your monthly exp | enses. | | 22. | |
| 23. Calculate | our monthly net incom | e. | | | | |
| 23a. Copy | ine 12 (your combined m | | 23a | \$1,319.00 | | |
| 23b. Copy | your monthly expenses fr | | 23b | \$1,315.00 | | |
| 23c. Subtract your monthly expenses from your monthly income. | | | | | | \$4.00 |
| The result is your monthly net income. | | | | | | |
| | | | oan within the year or do yo nodification to the terms of y | | | |

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| Fill in this information to identify your case: | | | | | | | | |
|---|------------|-------------|------------------------------|---|--|--|--|--|
| Debtor 1 | Lisa | Α | McClinton | | | | | |
| | First Name | Middle Name | Last Name | _ | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ | | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | _ | | | | |
| Case number | | | () | _ | | | | |

Official Form 106Dec

U.S.C. §§ 152, 1341, 1519, and 3571.

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

If two married people are filing together, both are equally responsible for supplying correct information.

12/15

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

✓ No

— Yes. Name of person

— Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

★ /s/ Lisa McClinton

Signature of Debtor 1

Date 3/16/2017

MM/DD/YYYY

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| Fill in this info | ormation to identify your | case: | | | | | |
|-------------------------|-------------------------------------|----------------------|--|-------------------|-------------|-----------------|------------------------------------|
| Debtor 1 | Lisa | А | McClinto | | | | |
| Debtor 2 | First Name | Middle N | Name Last Nam | 10 | | | |
| (Spouse, if filing) | First Name | Middle N | Name Last Nam | ie | | | |
| United States | Bankruptcy Court for the | Northern | District of Illino | | | | |
| Case number | | | (3.6.1 | | | | |
| Official | Form 107 | | | | | | Check if this is ar amended filing |
| | | al Affairs f | or Individuals | Filing for | · Bankru | ıptcy | 12/1 |
| Be as complinformation. | ete and accurate as po | ossible. If two ma | arried people are filing arate sheet to this form | together, both | are equally | responsible for | |
| Part 1: Giv | e Details About Your | Marital Status | and Where You Lived | Before | | | |
| 1. What i | s your current marital s | tatus? | | | | | |
| | arried ot married | | | | | | |
| 2. During | the last 3 years, have y | ou lived anywhere | e other than where you li | ve now? | | | |
| | es. List all of the places y | ou lived in the last | : 3 years. Do not include v | | now. | | |
| De | ebtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | Same as | Debtor 1 | | Same as Debtor 1 |
| Nu | umber Street | | From | Number Stre | et | | From |
| _ | | | То | | | | To |
| Ci | ty State | Zip Code | | City | State | Zip Code | |
| | , | p | | • | Debtor 1 | | Same as Debtor 1 |
| Nı | umber Street | | From | Number Stre | et | | From |
| _ | | | То | | | | То |
| | | | | 0'' | | | |
| Ci | ty State | Zip Code | | City | State | Zip Code | |
| and territ | <i>tories</i> include Arizona, Cali | fornia, Idaho, Louis | ouse or legal equivalent iana, Nevada, New Mexico Codebtors (Official Form | , Puerto Rico, Te | | | |

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McClinton Debtor 1 Lisa Case number (if known) First Name Middle Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$2546.44 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$15662.00 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$6798.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and exclusions) and exclusions) From January 1 of current year until the date you filed for bankruptcy: \$194 monthly from For last calendar year: Link \$2,328.00 (January 1 to December 31, 2016 \$194 monthly from For the calendar year before that: \$2,328.00 Link (January 1 to December 31, 2015 pension/retirement income \$20,300.00

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McClinton Debtor 1 Lisa Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment

City

State

Zip Code

Suppliers or vendors
Other

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| or 1 | Lisa | | Α | | Clinton | Case number | (if known) |
|--------------------|--|--|--|---|---|--|--|
| | First Name | | Middle Name | Las | st Name | | |
| nsi corp age | ders include your porations of whic | r relatives; a h you are a for a busir | any general partner an officer, director, ness you operate a | s; relatives of any person in control, | general partners; par or owner of 20% or | tnerships of which y more of their voting | who was an insider? You are a general partner; It is securities; and any managing To domestic support obligations, |
| ✓ | No | | | | | | |
| | Yes. List all pay | yments to a | an insider. | Datasas | Tables | A | Daniel Guillian annual |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | · | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | | | | | | | |
| | City | State | Zip Code | | | | |
| insi | der? ude payments on No | n debts gua | aranteed or cosigne | ed by an insider. | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | | | | | | | |
| | City | State | Zip Code | | | | |

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McClinton Debtor 1 Lisa Case number (if known) First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code

Property was attached, seized, or levied.

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| Debt | | Lisa First Name | A Middle Name | McClinton Last Name | Case number (if known) | | |
|------|----------|--|-----------------------|--------------------------------|---------------------------|--------------------------|--------------------|
| 11. | | thin 90 days before you filed fo | | | or financial institution, | set off any amou | nts from your |
| | acc | counts or refuse to make a pay | yment because you | owed a debt? | | | |
| | ✓ | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | | | Describe the action the cr | editor took | Date action was taken | Amount |
| | | | | | | - | |
| | | Creditor's Name | | | | | |
| | | Number Street | | | | | |
| | | | | Last 4 digits of account num | ber: XXXX- | | |
| | | | | | | | |
| | | City State | Zip Code | | | | |
| 12. | | hin 1 year before you filed for bointed receiver, a custodian, | | of your property in the pos | session of an assignee fo | or the benefit of c | reditors, a court- |
| | V | No | | | | | |
| | Ħ | Yes | | | | | |
| | _ | List Contain Ciffs and Con | Authoritions | | | | |
| Part | 5: | List Certain Gifts and Con | itributions | | | | |
| 13. | Wi | ithin 2 years before you filed fo | or bankruptcy, did yo | ou give any gifts with a total | value of more than \$600 | per person? | |
| | ✓ | No | | | | | |
| | | Yes. Fill in the details for eac | :h gift. | | | | |
| | | Gifts with a total value of mo | ore than \$600 | Describe the gifts | | Dates you gave the gifts | Value |
| | | | | | | | |
| | | Person to Whom You Gave the | e Gift | | | | |
| | | | | | | | |
| | | Number Street | | | | | |
| | | O'th. Ohata | 7:- C | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |
| | | | | | | | |
| | | Person to Whom You Gave the | e Gift | | | | |
| | | | ·- | | | | |
| | | N. andrew Observe | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to you | | | | | |

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| Debt | or 1 | | A | McClinton | Case number (if known) | |
|------|----------|---|---------------------|---|--|----------------------------|
| | | First Name | Middle Name | Last Name | | |
| 14. | Wit | hin 2 years before you filed fo | r bankruptev, did v | ou give any gifts or contrib | itions with a total value of more than | \$600 to any charity? |
| | | | . bankruptoy, ara y | ou give any gine of continue | and a total raide of more than | φοσο το uniy onunity. |
| | | No | | | | |
| | Ш | Yes. Fill in the details for each | - | 1. | | |
| | | Gifts or contributions to chat that total more than \$600 | rities | Describe what you contr | ibuted Date you contribute | Value |
| | | that total more than \$000 | | | Contribute | eu |
| | | OL 71 L N | | | | |
| | | Charity's Name | | | | |
| | | | | | | |
| | | Number Street | | | | |
| | | | | | | |
| | | City State | Zip Code | | | |
| Dowt | G. | List Certain Losses | | | | |
| Part | 0: | List Certain Losses | | | | |
| 15. | With | nin 1 vear before you filed for | bankruptcy or sinc | e vou filed for bankruptcy. | did you lose anything because of theft | . fire. other disaster. or |
| | | ibling? | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , ., , . |
| | V | No | | | | |
| | Ħ | Yes. Fill in the details. | | | | |
| | ш | Describe the property you lo | ot and | Describe any insurance | coverage for the loss Date of y | our Value of property |
| | | how the loss occurred | ost and | Include the amount that in | | lost |
| | | | | pending insurance claims | on line 33 of <i>Schedule</i> | |
| | | | | A/B: Property. | | |
| | | | | | | |
| Part | 7: | List Certain Payments or | Transfers | | | |
| | | No | | | services required in your bankruptcy. | |
| | ⊻ | Yes. Fill in the details. | | | | |
| | | | | Description and value of transferred | any property Date payn or transfe was made | r payment |
| | | Semrad Law Firm | | Attorney's Fee - 0.00 | 3/16/2017 | |
| | | Person Who Was Paid | | Automoy 31 de 0.00 | 5,15,2511 | |
| | | 20 S. Clark Street | | | | |
| | | Number Street | | | | |
| | | 28th Floor | | | | |
| | | Chicago Illinois | 60603 | | | |
| | | City State | Zip Code | | | |
| | | Email or website address | | | | |
| | | None Person Who Made the Paymer | at if Not You | | | |
| | | reison who ividue the rayiner | it, ii Not You | | | |
| | | Person Who Was Paid | | | | |
| | | Number Street | | | | |
| | | INUILIDEL STEET | | | | |
| | | _ | | | | |
| | | City State | Zip Code | | | |
| | | | | | | |
| | | Email or website address | | | | |
| | | | | | | |

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| Deb | tor 1 | Lisa First Name | A Middle Name | McClinton Last Name | _ Case number (if known) | | | |
|-----|-------|--|------------------------|---|--------------------------------------|------------------------------------|-----------|------------------------------|
| 17. | help | hin 1 year before you filed for o you deal with your creditors not include any payment or tran | or to make paymen | | behalf pay or transfer | any property to a | nyone w | vho promised to |
| | | Yes. Fill in the details. | | | | | | |
| | | | | Description and value of any partransferred | property | Date payment or transfer was made | Amoui | nt of payment |
| | | Person Who Was Paid | | | | | | |
| | | Number Street | | | | | | |
| | | City State | Zip Code | | | | | |
| | Incl | ordinary course of your busing ude both outright transfers and transfers that you have already No Yes. Fill in the details. | transfers made as secu | urity (such as the granting of a se | curity interest or mortga | ge on your propert | y). Do no | ot include gifts |
| | | | | Description and value of any property transferred | Describe any payments re in exchange | / property or ceived or debts p | aid | Date transfer was made |
| | | Person Who Received Transfer | | | | | | |
| | | Number Street | | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | | |
| | | Person Who Received Transfer | | | | | | |
| | | Number Street | | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | | |
| 19. | ben | hin 10 years before you filed f eficiary? ese are often called asset-protect | | ou transfer any property to a se | elf-settled trust or sim | ilar device of whic | ch you a | ire a |
| | | No Yes. Fill in the details. | | | | | | |
| | Ц | . ss. i iii iii die details. | | Description and value of the | property transferred | | | Date transfer was made |
| | | Name of trust | | | | | | |

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McClinton Debtor 1 Lisa _ Case number (if known) First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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McClinton Debtor 1 Lisa __ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debt | tor 1 | Lisa First Name | A Mi | iddle Name | McClinton Last Name | Case num | ber (if known) | |
|------|----------|----------------------|----------------------|-------------------|----------------------------|----------------------------|--|--------------------|
| | | T HOC IVERNO | | adio (vaino | Last Walle | | | |
| 26. | Hav | e you been a party | y in any judicia | l or administrati | ve proceeding under | any environmental lav | w? Include settlements and order | rs. |
| | ✓ | No | | | | | | |
| | | Yes. Fill in the det | tails. | | | | | |
| | | | | Co | urt or agency | Nat | ture of the case | Status of the case |
| | | Case title | | | | | | |
| | | | | <u>C</u> o | urt Name | | | Pending |
| | | | | | | | | On appeal |
| | | Case number | | Nu | mberStreet | | | Concluded |
| | | | | Cit | y State | Zip Code | | |
| Part | 11: | Give Details Ab | oout Your Bu | siness or Conr | nections to Any Bus | siness | | |
| | | | | | | | | |
| 27. | With | nin 4 years before | you filed for ba | ankruptcy, did yo | ou own a business or | have any of the follow | ring connections to any business? | • |
| | | A sole propri | etor or self-em | ployed in a trade | e, profession, or other | activity, either full-time | e or part-time | |
| | | A member of | f a limited liabilit | ty company (LLC | c) or limited liability pa | rtnership (LLP) | | |
| | | A partner in a | a partnership | | | | | |
| | | An officer, dir | rector, or mana | aging executive o | of a corporation | | | |
| | | An owner of a | at least 5% of t | he voting or equ | ity securities of a corp | oration | | |
| | Z. | No. None of the a | above applies. | Go to Part 12. | | | | |
| | Ħ | | | | tails below for each b | usiness. | | |
| | | | | | Describe the natu | | Employer Identification nu | ımber Do not |
| | | | | | | | include Social Security nu | mber or ITIN. |
| | | Business Name | | | | | EIN: | |
| | | | | | | | | |
| | | Number Street | | | Name of accounta | ent or bookkooper | Dates business existed | |
| | | City | State | Zip Code | Name of accounts | int of bookkeeper | From To | |
| | | • | | • | | | 110 | |
| | | | | | | | | |
| | | | | | B | | E | |
| | | | | | Describe the natu | re of the business | Employer Identification nu include Social Security nu | |
| | | | | | | | EIN: | |
| | | Business Name | | | | | | |
| | | Number Street | | | | | Dates business existed | |
| | | | | | Name of accounta | ant or bookkeeper | | |
| | | City | State | Zip Code | | | From To | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | Describe the natu | re of the business | Employer Identification nu | |
| | | | | | | | include Social Security nu | imber or ITIN. |
| | | Business Name | | | | | EIN: | |
| | | | | | | | | |
| | | Number Street | | | Name of accounts | ant or bookkeeper | Dates business existed | |
| | | City | State | Zip Code | Manie di accounte | or bookkeeper | From To | |
| | | • | | 1 | | | 11011110 | |
| | | | | | | | | |
| | | | | | | | | |

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| Deb | tor 1 Lisa | | Α | McClinton | Case number (if known) |
|------|--------------------------------------|-------------------|---------------------|--------------------------------|--|
| | First Name | | Middle Name | Last Name | |
| 28. | Within 2 years be creditors, or othe | | r bankruptcy, did y | ou give a financial statemo | ent to anyone about your business? Include all financial institutions, |
| | | e details below. | | | |
| | _ | | | Date issued | |
| | Name | | | MM/DD/YYYY | |
| | Number St | reet | | <u> </u> | |
| | City | State | Zip Code | <u> </u> | |
| Pari | | | , | | |
| | | | es up to \$250,000 | , | rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | Si | ignature of Debto | | | Signature of Debtor 2 |
| | | ate 3/16/2017 | | | Date |
| ı | | | Your Statement o | f Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| ı | ✓ No | . • | | | |
| i | Yes | | | | |
| ı | Did you pay or agre | ee to pay someo | ne who is not an a | ttorney to help you fill out | pankruptcy forms? |
| | ✓ No | | | | |
| | Yes. Name of p | erson | | | Attach the <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119). |

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| Fill in this information to identify your case: | | | | | | | | |
|---|------------|-------------|------------------------------|---|--|--|--|--|
| Debtor 1 | Lisa | Α | McClinton | | | | | |
| | First Name | Middle Name | Last Name | _ | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | _ | | | | |
| Case number (If known) | | | | | | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral Did you claim the property What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: AMER FST FIN Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Lease Furniture Retain the property and [explain]: Surrender the property. Creditor's No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

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| Debtor | Lisa | Α | McClinton | Case number (| f |
|---------|---------------------------------------|---------------------------|------------------------------|-----------------------|---|
| 1 | First Name | Middle Name | Last Name | known) | |
| Part 2: | List Your Unexpired Perso | onal Property Leases | | | |
| | - | | hedule G: Executory Contr | acts and Unexpire | ed Leases (Official Form 106G), fill in the |
| informa | | ate leases. Unexpired lea | ases are leases that are sti | II in effect; the lea | ase period has not yet ended. You may |
| Des | scribe your unexpired personal | property leases | | | Will the lease be assumed? |
| Les | sor's name: Holsten Manageme | ent | | | ☐ No ✓ Yes |
| | cription of leased perty: landlord | | | | |
| Les | sor's name: | | | | ☐ No ☐ Yes |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | | □ No □ Yes |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | | ☐ No ☐ Yes |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | | ☐ No ☐ Yes |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | | ☐ No ☐ Yes |
| | cription of leased perty: | | | | |
| Les | sor's name: | | | | □ No □ Yes |
| | cription of leased perty: | | | | |
| Part 3: | Sign Below | | | | |
| Unde | | | intention about any propei | rty of my estate th | at secures a debt and any personal |
| 4.5 | | | 4- | | |
| _ | /s/ Lisa McClinton | | * | (5.1) | |
| Si | gnature of Debtor 1 | | Signature | of Debtor 2 | |
| D | ate 3/16/2017 | | Date | | |
| | MM/DD/YYYY | | MN | I/DD/YYYY | |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| | | Northern Dis | strict of illinois | |
|-------|--|-----------------------------|--|---|
| In re | Lisa A McClinton | | Case No. | |
| _ | Debtor | | | (If known) |
| | | | Chapter _ | Chapter 7 |
| | DISCLOSURE OF | COMPENSATI | ON OF ATTORNE | Y FOR DEBTOR |
| | Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing of t | he petition in bankruptcy, or agre | eed to be paid to me, for services |
| | For legal services, I have agreed to ac | ccept | | \$1,315.00 |
| | Prior to the filing of this statement I I | nave received | | \$0.00 |
| | Balance Due | | | \$1,315.00 |
| 2. | The source of the compensation paid | d to me was: | | |
| | Debtor | Other (spec | ify) | |
| 3. | The source of the compensation paid | d to me is: | | |
| | ✓ Debtor | Other (spec | ify) | |
| 4. | I have not agreed to share the ab | | ation with any other person unles | ss they are |
| | I have agreed to share the above members or associates of my law the people sharing in the compe | v firm. A copy of the agre | n with a other person or persons wement, together with a list of the | |
| 5. | In return for the above-disclosed fee a. Analysis of the debtor's finar bankruptcy; | | | bankruptcy case, including: mining whether to file a petition in |
| | b. Preparation and filing of any | petition, schedules, state | ments of affairs and plan which r | may be required; |
| | c. Representation of the debtor | at the meeting of credito | rs and confirmation hearing, and | any adjourned hearings thereof; |
| 6. | By agreement with the debtor(s), the | above-disclosed fee doe | s not include the following servic | ces: |
| | | | | |
| | | OFDTI | FICATION | |
| | certify that the foregoing is a completor(s) in this bankruptcy proceedings. | | FICATION ment or arrangement for paymen | at to me for representation of the |
| | 3/16/2017 | | /s/ Mike Miller | |
| | Date | | Signature of Attorney | |
| | | | Semrad Law Firm | |
| | | | Name of law firm | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1 717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | e: McClinton, Lisa A | | lo | |
|---------------|---|-------------------------------------|--------------------------------------|--|
| Debtor(s) | | | | |
| | | Chapter. | Chapter7 | |
| | VERIFICATION | ON OF CREDITOR MAT | TRIX | |
| T knowledg | he above named Debtors hereby verify that te. | he attached list of creditors is to | rue and correct to the best of their | |
| Date: | 3/16/2017 | /s/ McClinton, L McClinton, Lisa | | |
| | | Signature of Del | | |

AMER FST FIN 3515 N. Ridge Rd, Suite 200 Wichita, KS, 67205

EOS CCA 700 Longwater Drive P O Box 5369 Norwell, MA, 02061

AT&t Po Box 5014 Carol Stream, IL, 60197

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD STE 4 CHICAGO, IL, 60606

GINNYS 1112 7TH AVE MONROE, WI, 53566

GINNY'S INC 1112 7TH AVE POB 2816 MONROE, WI, 53566

SEVENTH AVE 1112 7th Ave Monroe, WI, 53566

WEBBNK/FSTR 6250 RIDGEWOOD ROA SAINT CLOUD, MN, 56303

MDNGHT VLVT P.O. Box 800849 c/o M.E. Bennett Dallas, TX, 75380

DRLEONARDS PO BOX 2845 MONROE, WI, 53566

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL, 32256 AT&T PO Box 537104 Atlanta, GA, 30353

AMER COLL CO 919 W ESTES SCHAUMBURG, IL, 60193

St Joseph's hospital 5665 Peachtree Dunwoody Rd Atlanta, GA, 30342

Comcast p.o. box 196 Newark, NJ, 07101

PLS Loan Store 1215 E 87th Street Chicago, IL, 60619

H&R Block Bank PO BOx 800849 Dallas, TX, 75380

ComEd 3 Lincokln Cetre c/o Sabrina Copelan Villa Park, IL, 60181

Jackson Hewitt 2424 W Jefferson Joliet, IL, 60435

FIFTH THIRD BANK PO Box 9013 Addison, TX, 75001 B2030 (Form 2030) (12/15)

| • | | Northern District of II | linois | |
|---------------------------------|---|--|---|--|
| ı re | Lisa A McClinton | | Case No. | |
| | Debtor | - Control of the Cont | ************************************** | (If known) |
| | | | Chapter | Chapter 7 |
| D | ISCLOSURE OF C | OMPENSATION OF | F ATTORNEY F | OR DEBTOR |
| 1. Pursua compe | ant to 11 U.S.C. § 329(a) and Fed ansation paid to me within one ve | i. Bankr. P. 2016(b), I certify that I ar before the filing of the petition the debtor(s) in contemplation of | am the attorney for the abo | ovenamed debtor(s) and that |
| | al services, I have agreed to acce | | | \$1,315.00 |
| Prior to | the filing of this statement I have | ve received | | \$0.00 |
| Balanc | e Due | | | \$1,315.00 |
| 2. The so | urce of the compensation paid to | me was: | | |
| | ☑ Debtor | Other (specify) | | |
| 3. The so | urce of the compensation paid to | me is: | | |
| | ✓ Debtor | Other (specify) | | The state of the s |
| 4. 🔽 l ha | ave not agreed to share the abov embers and associates of my law | e-disclosed compensation with ar firm. | ny other person unless the | y are |
| me | ave agreed to share the above-di embers or associates of my law fi e people sharing in the compensa | sclosed compensation with a othe m. A copy of the agreement, togel ation, is attached. | r person or persons who a ther with a list of the name | re not s of |
| ä. | n for the above-disclosed fee, I h Analysis of the debtor's financia bankruptcy; | ave agreed to render legal service I situation, and rendering advice to | for all aspects of the banks the debtor in determining | ruptcy case, including: g whether to file a petition in |
| b. | Preparation and filing of any pet | ition, schedules, statements of aff | airs and plan which may be | e required; |
| | | he meeting of creditors and confir | | |
| | | ove-disclosed fee does not include | | |
| | | | | |
| | | CERTIFICATION | | |
| I certify th debtor(s) in th | nat the foregoing is a complete si his bankruptcy proceedings. | atement of any agreement or arrar | ngement for payment to me | e for representation of the |
| | 3/16/2017 | | /s/ Mike Miller | 2 |
| - | Date | | Signature of Attorney | *************************************** |
| | | | Semrad Law Firm | TANK TANK |
| | | | Name of law firm | |

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1315.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;
- 2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

Q LM

or

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

| Date: 3/16/2017 | |
|-------------------|--------|
| Client Oder Mclub | Client |
| Attornev | |

JLM

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| Debtor 1 Lisa First Name | A Middle Name | McClinton | Case number (it kno | WT) |
|--|---|---|---|--|
| Vision and a second sec | estions for Reporting Purpos | Last Name | , | |
| 16. What kind of debts do you have? | 16a. Are your debts primari "incurred by an individu No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primari | ily consumer debts? a parsonal primarily for a personal primarily for a personal primarily business debts? Barrinvestment or throug | nal, family, or house usiness debts are de h the operation of th | bts that you incurred to obtain ne business or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that | | at after any exempt pr o distribute to unsecui | operty is excluded and administrative red creditors? |
| 18. How many creditors do you estimate that you owe? | ☑ 1-49 □ 50-99 □ 100-199 □ 200-999 | 1,000-5,00 5,001-10,0 10,001-25 | 000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | ✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million | \$10,000,0 \$50,000,0 | 1-\$10 million 01-\$50 million 01-\$100 million 001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you estimate your liabilities to be? Part 7: Sign Below | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,000,00 \$50,000,00 | 1-\$10 million 01-\$50 million 01-\$100 million 001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| For you | correct. If I have chosen to file under Coof title 11, United States Code under Chapter 7. If no attorney represents me arout this document, I have obta I request relief in accordance will understand making a false state connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341, /s/ Lisa McClinton Signature of Debtor 1 | Chapter 7, I am aware the I understand the relies of I understand the relies of I understand the notion of I understand the notion of I understand the chapter of title attement, concealing processe can result in fines 1519, and 3571. | nat I may proceed, if of available under each se to pay someone we ce required by 11 U. 11, United States Coperty, or obtaining or up to \$250,000, or | code, specified in this petition. I money or property by fraud in imprisonment for up to 20 years, or |
| APTONISTING AND ART WAS ART WAS ART AND ART ARE | Executed on 3/16/2017 MM / D | D/YYYY | Executed o | MM / DD / YYYY |

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| Fill in this information | mation to identify your o | case: | | | |
|---------------------------------|---------------------------|-----------------------------|-----------------------------|--|------|
| Debtor 1 | | | | | |
| | Lisa | A | McClinton | | |
| [D - 1: 4 O | First Name | Middle Name | Last Name | Marriana de la companya del companya de la companya del companya de la companya d | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | · . | |
| United States B | lankruptcy Court for the: | Northern | District of Illinois | | |
| Case number | . , | | (State) | | |
| (If known) | | | | | |
| Official I | Form 106De | €C | | Check if this amended filir | |
| Declarati | ion About an | Individual Debto | or's Schedules | 1 | 2/15 |
| lf two married p | people are filing togeth | er, both are equally respon | sible for supplying correc | information. | |
| Part F Sign Did you pa | · | | | | |
| √ No | | eone who is NOT an attorne | y to help you fill out bank | ruptcy forms? | |
| i.X.J | lame of person | eone who is NOT an attorne | | etition Preparer's Notice, Declaration, and | |

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| Debtor 1 | | A | McClinton | Case number (if known) |
|--|--|---|--|---|
| | First Name | Middle Name | Last Name | |
| 28. With cree | thin 2 years before you filed aditors, or other parties. No Yes. Fill in the details belo | | u give a financial statemen | nt to anyone about your business? Include all financial institutions |
| The same of the sa | | | Date issued | |
| | Name | WWW.npp.act. | MM/DD/YYYY | |
| | Number Street | | - | |
| | City State | Zip Code | - | |
| Part 12: | Sign Below | | | |
| true | and correct. I understand t | hat making a false stat fines up to \$250,000, o | ement, concealing propert or imprisonment for up to 2 | nts, and I declare under penalty of perjury that the answers are cy, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | Signature of Del | otor 1 | | Signature of Debtor 2 |
| | Date 3/16/201 | 7 | | Date |
| Did y | ou attach additional pages | to Your Statement of F | inancial Affairs for Individu | uals Filing for Bankruptcy (Official Form 107)? |
| ☑ | do 'es | | | |
| Did y | ou pay or agree to pay som | eone who is not an att | orney to help you fill out ba | inkruptcy forms? |
| ☑ ▷ | ło | | | |
| | es. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Stanature (Official Form 119) |

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| Debto | | A | McClinton | Case number /i/ |
|--------------|---|---|----------------------------|---|
| 1 | First Name | Middle Name | Last Name | known) |
| Part 2: | List Your Unexpir | ed Personal Property Leas | es | |
| intorma | ation below. Do not li | property lease that you listed in st real estate leases. Unexpired nal property lease if the trustee | i leases are leases that : | Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). |
| De | scribe your unexpired | d personal property leases | | Will the lease be assumed? |
| Le | ssor's name: Holsten | - | | ☐ No ☐ Yes |
| | scription of leased operty: landlord | | | Retireof. |
| Les | ssor's name: | | | No Yes |
| | scription of leased operty: | | | Beston |
| Les | ssor's name: | | | No Yes |
| | scription of leased operty: | | | |
| Les | ssor's name: | te dan meneralah kecamatan meneralah dan meneralah dan period dan period dan period dan period dan period dan Meneralah meneralah dan period dan meneralah meneralah dan beranak peneralah peneralah dan period dan period d | | ☐ No ☐ Yes |
| | scription of leased aperty: | | | Sponadi |
| Les | ssor's name: | | | ☐ No ☐ Yes |
| | scription of leased perty: | | | aces and a second |
| Les | ssor's name: | | | ☐ No ☐ Yes |
| | scription of leased perty: | | | Execusi |
| Les | ssor's name: | | | ☐ No ☐ Yes |
| | scription of leased perty: | | | Level |
| Part 3: | Sign Below | | | |
| Unde prop | er penalty of perjury, I erty that is subject to | declare that I have indicated to an unexpired lease. | ny intention about any p | property of my estate that secures a debt and any personal |
| | /s/ Lisa McClinton gnature of Debtor 1 | I wan Melute | ★ Sign | ature of Debtor 2 |
| D | ate 3/16/2017 MM/DD/YYYY | | Date | MM/DD/YYYY |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| in re: | McClinton, Lisa A | Case No | |
|--------|---|--|--------------------------------------|
| | Debtor(s) | Odse NO | |
| | | Chapter. | Chapter7 |
| | VERIFIC | CATION OF CREDITOR MA | TRIX |
| knowle | The above named Debtors hereby verif edge. | y that the attached list of creditors is t | rue and correct to the best of their |
| Date: | 3/16/2017 | /s/ McClinton, L McClinton, Lisa | isa A Lan Molita |
| | | Signature of Do | |

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| Debtor 1 Lisa First Name | A | McClinton | Case number (il know | y |
|--|--|--|--------------------------------|--|
| rusi Mame | Middle Name | Last Name | Column A Debtor 1 | Column B Debtor 2 or |
| Unemployment compensation Do not enter the amount if you under the Social Security Act. I For you | contend that the amount | | \$0.00 | non-filing spouse |
| For your spouse | | \$0.00 \$0.00 | | |
| 9.Pension or retirement incombenefit under the Social Securit | ie. Do not include any amo | unt received that was a | \$0.00 | *************************************** |
| 10.Income from all other source amount. Do not include any be payments received as a victim international or domestic terror page and put the total below. | enefits received under the S of a war crime, a crime agai | ocial Security Act or | | |
| Total amounts from separate p | ages, if any. | | +\$0.00 | + |
| 11. Calculate your total current each | | | \$ <u>1,294.53</u> + | \$1,294.53 |
| column. Then add the total f | or Calumn A to the total for | Column B. | | |
| Datawaina Wilanda | alou Baro em e e es | | | Total current monthly income |
| Part 2: Determine Whether 12. Calculate your current month | | | | |
| 12a. Copy your total current m | onthly income from line 11. | rollow these steps; | Copy lin | e 11 here -> \$1,294,53 |
| Multiply by 12 (the numb | | | | X 12 |
| 12b. The result is your annual i | ncome for this part of the fo | orm. | | 126. \$15,534.36 |
| 13 Calculate the median family | income that applies to yo | ou. Follow these steps: | | |
| Fill in the state in which you live | | 7 Illinois | | |
| Fill in the number of people in y | our household. | 1 | | |
| Fill in the median family income household. | for your state and size of | | | 13. \$50,133,00 |
| To find a list of applicable medial instructions for this form, This I | an income amounts, go on ist may also be available at i | line using the link specified in the bankruptcy clerk's office. | n the separate | A CONTRACTOR OF THE PARTY OF TH |
| 4. How do the lines compare? | | | | |
| 14a. Line 12b is less than Go to Part 3. | or equal to line 13. On the t | op of page 1, check box 1, | There is no presumption of ab | use. |
| 14b. Line 12b is more than Go to Part 3 and fill o | i line 13. On the top of pag ut Form 122A-2. | e 1, check box 2, The presu | mption of abuse is determined | by Form 122A-2. |
| 2নুৱেই Sign Below | | | | |
| By signing here, I declare unde | er penalty of perjury that the | information on this stateme | nt and in any attachments is t | ue and correct. |
| | | | | |
| 🗶 /s/ Lisa McClinton | Luan MClub | <u> </u> | | |
| Signature of Debtor 1 | | Sig | nature of Debtor 2 | |
| Date 3/16/2017 MM/DD/YYYY | | Dat | e 3/16/2017 MM/DD/YYYY | : |
| If you checked line 14a, do I If you checked line 14b, fill o | NOT fill out or file Form 122 out Form 122A-2 and file it | A-2. with this form. | | |